

Part B Insider (Multispecialty) Coding Alert

Electronic Health Records: Meet One of 7 CMS Requirements to Qualify for \$44,000 Per-Provider EHR Incentive Payment

You'll be able to register for the EHR incentive program starting in January.

Eligible professionals who want to demonstrate "meaningful use" of an electronic health record (EHR), and therefore exhibit eligibility to qualify for potential \$44,000 per-physician EHR incentives from Medicare that will be issued to those who qualify over a five-year period, must meet one of seven requirements to qualify.

Seven types of entities can participate in the Medicare EHR incentive program, noted CMS's **Michelle Mills** during an August 12 EHR Incentive Program Q&A conference call. Those are physicians (MDs, DOs, optometrists, podiatrists, doctors of dental surgery or dental medicine, and chiropractors), and subsection D hospitals, Mills said. Hospital-based Medicare providers do not qualify for the incentive program. A Medicare eligible professional (EP) is considered hospital-based if 90 percent or more of the EP's services are performed in a hospital inpatient or emergency room setting.

"We'll know who these folks are because they will bill through their CMS-1500 claim form as having place of service codes of 21 or 23 more than 90 percent of the time," Mills said. "This does not impact EPs providing any services in outpatient or ambulatory settings," she said, noting that those EPs would most likely use place of service code 22 on their claim forms, and those physicians are eligible.

Clinics, group practices, home health providers, and nursing facilities are not eligible to participate in the program, but the individual eligible professionals who work in those settings could be eligible, Mills said. Social workers and psychologists are not eligible to participate, but current House and Senate bills propose adding those providers.

Forget Dual Eligibility

Patients who are dually eligible in Medicare and Medicaid cannot be counted twice for the incentive payment by a provider, so their visit only counts toward eligibility in one program, said CMS's **Travis Green** during the call.

Some practices have asked questions about whether the physician must personally enter all information into the EHR, but CMS reps aimed to dispel this myth during the call. The physician is not the only person who can enter information into the EHR, Green said. The law specifies that the person who performs the computerized provider order entry objective has to simply be a licensed healthcare professional, Green advised. All of the other objectives do not specify who must enter the information. For instance, Green said, in some cases, the intake process might be entered by the front desk employee at a practice.

Vital Sign Caveat: Recording vital signs (height, weight, and blood pressure) is required for the EHR incentive, but some practices have alerted Medicare officials that those measures don't apply to them. Two exclusions exist for the objective of reporting vital signs and structured data, Green said.

"The first is EPs who see no patients two years old or older," Green said, "And the second is EPs who believe and will so attest to us that the vital signs are not applicable to their scope of practice." Exclusions can be granted to those specific EPs when applicable, Green noted.

Enroll for Incentive in January

All providers will register for the EHR incentive program through a CMS Web site that will be available in January 2011, and you'll need a national provider identifier (NPI) and a web-user account with the system of enumeration for the NPIs (NPPES), Mills said. You must also be enrolled in PECOS before you can apply.

When you apply, Part B providers will have to attest to the certification number of your EHR and of the clinical quality measures and objectives that you've chosen, said CMS's **Elizabeth Holland** during the call. Therefore, some practices may not sign up right when the registration opens. "You need to attest, for EPs, to a 90-day reporting period in the calendar year of 2011, so your reporting period must be in 2011," she said. "We will take registrations and attestations through Feb. 29 of 2012, but it must be for a reporting period in calendar year 2011."

CMS will issue the first round of incentive payments for participating Medicare EPs in May 2011, Mills said.